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Inventors:	Arlindo L. CASTELHANO et al.	SEP 29 2005
Application No.:	10/718,411	
Atty. Docket No.:	60390-IB	
Confirmation No.:	1528	
Customer No.:	38724	
Filed:	November 20, 2003	
Group Art No.:	1616	
Examiner:	Alton Nathaniel PRYOR	
Title:	Compounds Specific to Adenosine A ₁ Receptor and Uses Thereof	

BY FACSIMILE - (571) 273-8300 (10 pages total)**Attention: OFFICE OF PETITIONS****Mail Stop Petition**

Commissioner for Patents

U.S. Patent & Trademark Office

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CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

Applicants respectfully submit the following:

- 1) Certificate of Transmission under 37 CFR 1.8 (2 pages)
- 2) Petition for Revival of an Application for Patent Abandoned Unintentionally under 37 CFR 1.137(b) (Form PTO/SB/64, 2 pages)
- 3) Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (Form PTO/SB/82, 1 page)
- 4) Statement Under 37 CFR 3.73(b) (Form PTO/SB/96, 1 page)
- 5) Fee Transmittal Sheet (Form PT/SB/17, 1 page)
- 6) Response to March 14, 2005 Office Action (2 pages)
- 7) Terminal Disclaimer to Obviate A Double Patenting Rejection over a "Prior" Patent (Form PTO/SB/26, 1 page)

I hereby certify that the above-identified correspondence are being facsimile transmitted to the United States Patent and Trademark Office under 37 CFR 1.8 on

Sept. 29, 2005

Date

Kim T. Nguyen

Signature

Kim T. Nguyen

Printed name of person signing Certificate

Commissioner is authorized to charge any deficiencies and credit any overpayment to OSI Pharmaceuticals, Inc. Deposit Account No. 50-2783.

Agent for Applicants can be reached at the telephone number and address below.

Very truly yours,



Kim T. Nguyen
Agent for Applicants
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September 29, 2005
OSI Pharmaceuticals, Inc.
58 South Service Road, Suite 110
Melville, NY 11747

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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In view of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.Effective on 12/08/2004.Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)
1,630.00**Complete if Known**

Application Number	10/718,411
Filing Date	November 20, 2003
First Named Inventor	Arlindo L. CASTELHANO et al.
Examiner Name	Alton Nathaniel PRYOR
Art Unit	1616
Attorney Docket No.	60390-IB

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Nonc Other (please identify): _____

Deposit Account Deposit Account Number: 50-2783 Deposit Account Name: OSI Pharmaceuticals, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
	- 20 or HP =	x	=	Fee (\$)	Fee (\$)	
HP = highest number of total claims paid for, if greater than 20.				50	25	

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=		Fee (\$)	Fee (\$)	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition to Revive Fee under 37 CFR 1.17(m) & Terminal Disclaimer Fee

\$1630.00

SUBMITTED BY

<u>Signature</u>	<u>Kim T. Nguyen</u>	Registration No. (Attorney/Agent) 47,821	Telephone (631) 962-2089
Name (Print/Type)	KIM T. NGUYEN	Date	SEPT. 29, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.